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P14000011786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

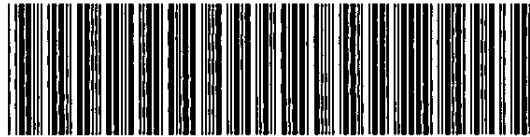
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/13--01007--003 **70.00

FILED
14 FEB -6 PM 3:55
TALLAHASSEE, FLORIDA

14 FEB -6 PM 3:55

FILED

WB-60701

K 02/07/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2013

MAIRIM GONZALEZ
5420 SW 133 CT.
MIAMI, FL 33175

*** 2ND CORRECTION ***

SUBJECT: CM BILLING & COLLECTION AGENCY, INC
Ref. Number: W13000060701

RECEIVED
14 FEB -6 AM 9:57
STATE
TALLAHASSEE, FLORIDA

We have received your document for CM BILLING & COLLECTION AGENCY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You failed to make the correction(s) requested in our previous letter.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II

Letter Number: 613A00025428



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2013

MAIRIM GONZALEZ
5420 SW 133 CT.
MIAMI, FL 33175

SUBJECT: CM BILLING & COLLECTION AGENCY, INC
Ref. Number: W13000060701

RECEIVED
13 NOV 18 AM 10:40
FIDELITY & SECURITY
CORPORATION

We have received your document for CM BILLING & COLLECTION AGENCY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang

Regulatory Specialist II
New Filing Section

Letter Number: 613A00025428

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CM Billing & Collection Agency, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Mairim Gonzalez
Name (Printed or typed)
5420 SW 133 CT
Address
Miami, FL 33175
City, State & Zip
(786) 216-5570
Daytime Telephone number
mairim.gonzalez27@gmail.com
E-mail address (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CM Billing & Collection Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5420 SW 133 CT
Miami, FL 33175

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Collecting medical debts

ARTICLE IV SHARES

The number of shares of stock is: 100

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14 FEB -6 PM 3:56
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARILYN GONZALEZ (President) Name and Title: _____

Address: 5420 SW 133 CT Address: _____
Miami, FL 33175

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Mairim Gonzalez

Address:

5420 SW 133 CT
MIAMI, FL 33175

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 FEB -6 PM 3:56

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Mairim Gonzalez

Address:

5420 SW 133 CT
MIAMI, FL 33175

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

10/28/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10/28/13
Date